(819 24 x .31

										Application of Docket Number				
•	PATENT		1071	32	187									
CLAIMS AS FILED - PART I (Column 1) (Column 2)							-	SMALL E	YTITY	OR	OTHER			
TC	TAL CLAIMS		110		(GGIGHT S)		l. 1	RATE	FEE	וֹיי	RATE	FEE		
TOTAL OB TIME			7:3						 	1	BASIC FEE			
FOR			NUMBER FILED .		NUMBER EXTRA			BASIC FE	₹ 385.00	OR	BASIC FEE	770.00		
TOTAL CHARGEABLE CLAIMS			4:3 minus 20=		• 9:3			X\$ 9=		OR	X\$18=	414		
INDEPENDENT CLAIMS			6 minus 3 =		.3			X43=		OR	X86=	258		
MU	LTIPLE DEPEN	IDENT CLAIM PI	RESENT					+145=		OR	+290=			
* If the difference in column 1 is less than zero, enter "0" in column 2							Ĺ	TOTAL	╁	OR	TOTAL	145A		
CLAIMS AS AMENDED - PART II									<u> </u>	J	OTHER	THAN		
(Column 1) (Column 2) (Column 3)								SMALL	ENTITY	OR	SMALL			
AMENDMENT A		CLAIMS		HIGH NUMI	EST	PRESENT	Ìſ		ADDI-			ADDI-		
		REMAINING AFTER		PREVIC	USLY	EXTRA		RATE	TIONAL		RATE	TIONAL		
	Total	· 34	Minus	** 4	}			X\$ 9=	1	OR	X\$18=			
	Independent	• 11	Minus	*** (•	= 5	1	X43=			X86=	1000		
ৰ	FIRST PRESENTATION OF MULTIPLE DEPENDENT			CLAIM]		_	OR		(000			
								+145=		OR	+290=			
							- A	TOTAL		OR	TOTAL ADDIT. FEE	666		
(Column 1) (Column 2) (Column 3)										_		·		
AMENDMENT B		CLAIMS REMAINING		HIGH NUM		PRESENT	ÌΓ		ADDI-			ADDI-		
		AFTER	:	PREVIO	USLY	EXTRA	ll	RATE	TIONAL		RATE	TIONAL FEE		
ME		AMENDMENT	l	PAID	FOR		1 F		FEE		14444	PEE_		
2	Total	*	Minus	**		=	┨┞	X\$ 9=	ļ	OR	X\$18=			
AM	Independent	*	Minus	***	CI AINA		łL	X43=		OR	X86=			
	FIRST PRESE	NTATION OF MU	LIPLE DEF	ENDEN	CLAIM		ľ	+145=		OR	+290=			
							L	TOTAL			TOTAL			
						•	A	DDIT. FEE			ADDIT. FEE			
_		(Column 1)	· -	(Colun		(Column 3)	1 –							
ΔL		REMAINING AFTER		NUME PREVIO	BER	PRESENT EXTRA		RATE	ADDI- TIONAL		RATE	ADDI- TIONAL		
AMENDMENT		AMENDMENT		PAID	OR		╽┟	·· · · · · · · · · · · · · · · · · · ·	FEE			FEE		
	Total -	•	Minus	**		=		X\$ 9=		OR	X\$18=			
	Independent	*	Minus	*** .		=	Γ	X43=		OR	X86=			
<u> </u>	FIRST PRESE	NTATION OF ML	ILTIPLE DEF	ENDENT	CLAIM		J -							
										OR	+290=			
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***OFT TOTAL ADDIT. FEE ***OFT TOTAL ADDIT. FEE														
<u> </u>	t the "Highest Nur The "Highest Num	mber Previously Paid ber Previously Paid	ild For IN THI d For (Total or	S SPACE is Independe	ent) is the	n 3, enter "3." highest numbe	er toun	d in the ap	propriate box	in col	umn 1.			